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CONFIRMATION NO. 5393

SERIAL NUMBER 10/730,605	FILING DATE 12/08/2003 RULE	CLASS 084	GROUP ART UNIT 2837	ATTORNEY DOCKET NO.	
APPLICANTS Robert Worth Love, Englewood, OH; <i>SWL none</i> ** CONTINUING DATA ***** <i>SWL none</i> ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/24/2004					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance _____ Examiner's Signature Initials	STATE OR COUNTRY OH	SHEETS DRAWING 3	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
ADDRESS Robert W. Love 326 Meadowgrove Drive Englewood , OH 45322					
TITLE Inversely proportioned mouthpieces					
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			